

SUBMIT. COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



|              |                              |
|--------------|------------------------------|
| Permit #:    | 20-0188                      |
| Date:        | 7-28-20                      |
| Amount Paid: | \$75 6-15-20<br>\$50 7-14-20 |
| Refund:      |                              |

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

|  |  |  |        |   |                                |  |                                      |                                 |                                |
|--|--|--|--------|---|--------------------------------|--|--------------------------------------|---------------------------------|--------------------------------|
| TYPE OF PERMIT REQUESTED →   |  | <input checked="" type="checkbox"/> LAND USE |        | <input type="checkbox"/> SANITARY               | <input type="checkbox"/> PRIVY | <input type="checkbox"/> CONDITIONAL USE   | <input type="checkbox"/> SPECIAL USE | <input type="checkbox"/> B.O.A. | <input type="checkbox"/> OTHER |
| Owner's Name:<br>STEPHEN A STROM                                     |  | Mailing Address:<br>9970 EAGLE LK RD         |        | City/State/Zip:<br>IRON RIVER WI 54847          |                                | Telephone:<br>715-372-6834   |                                      |                                 |                                |
| Address of Property:<br>66170 NORTH POINT DR                         |  | City/State/Zip:<br>IRON RIVER WI 54847       |        | Cell Phone:<br>715-249-2675                     |                                |  |                                      |                                 |                                |
| Contractor:  |  | Contractor Phone:                            |        | Plumber:  |                                | Plumber Phone:   |                                      |                                 |                                |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) |  | Agent Phone:                                 |        | Agent Mailing Address (include City/State/Zip): |                                | Written Authorization Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                      |                                 |                                |
| PROJECT LOCATION   |  | Legal Description: (Use Tax Statement)       |        | Tax ID#<br>37652                                |                                | Recorded Document: (Showing Ownership)<br>2018 R 574739                                    |                                      |                                 |                                |
| 1/4, 1/4   |  | Gov't Lot<br>1                               | Lot(s) | CSM<br>2012                                     | Vol & Page<br>V12 P13          | CSM Doc #<br>2018 R 574739   | Lot(s) #                             | Block #                         | Subdivision:<br>ALLISON ACRES  |
| Section 21, Township 47 N, Range 8 W                                 |  | Town of:<br>IRON RIVER                       |        | Lot Size  |                                | Acreage<br>3.23  |                                      |                                 |                                |

|   |   |   |  |   |
|---|---|---|--|---|
| <input checked="" type="checkbox"/> Shoreland → | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : _____ feet | Is your Property in Floodplain Zone?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Are Wetlands Present?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
|   | <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →  | Distance Structure is from Shoreline : 190 feet   |  |   |
| <input type="checkbox"/> Non-Shoreland          |   |   |  |   |

|   |  |   |  |   |   |   |
|---|--|---|--|---|---|---|
| Value at Time of Completion<br>* include donated time & material<br>\$ 6400 | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Basement              | Total # of bedrooms on property<br><input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input checked="" type="checkbox"/> None | What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?<br><input type="checkbox"/> Municipal/City<br><input type="checkbox"/> (New) Sanitary Specify Type:<br><input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: New conventional<br><input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)<br><input type="checkbox"/> Portable (w/service contract)<br><input type="checkbox"/> Compost Toilet<br><input type="checkbox"/> None | Type of Water on property<br><input type="checkbox"/> City<br><input type="checkbox"/> Well<br><input checked="" type="checkbox"/> None |
|   | <input type="checkbox"/> Addition/Alteration         | <input type="checkbox"/> 1-Story + Loft     | <input type="checkbox"/> Foundation            |   |   |   |
|   | <input type="checkbox"/> Conversion                  | <input type="checkbox"/> 2-Story            | <input type="checkbox"/> Slab                  |   |   |   |
|   | <input type="checkbox"/> Relocate (existing bldg)    |   | <input checked="" type="checkbox"/> SK: 25     |   |   |   |
|   | <input type="checkbox"/> Run a Business on Property  |   | <input checked="" type="checkbox"/> Year Round |   |   |   |
|   | <input type="checkbox"/>                             |   | <input type="checkbox"/>                       |   |   |   |

|  |            |           |            |
|--|------------|-----------|------------|
| Existing Structure: (if addition, alteration or business is being applied for) | Length:    | Width:    | Height:    |
| Proposed Construction: (overall dimensions)                                    | Length: 24 | Width: 12 | Height: 12 |

|   |                                     |  |             |                |
|---|-------------------------------------|--|-------------|----------------|
| Proposed Use  | ✓                                   | Proposed Structure   | Dimensions  | Square Footage |
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/>            | Principal Structure (first structure on property)  | ( X )       |                |
|   | <input type="checkbox"/>            | Residence (i.e. cabin, hunting shack, etc.)  | ( X )       |                |
|   |                                     | with Loft  | ( X )       |                |
|   |                                     | with a Porch   | ( X )       |                |
|   |                                     | with (2nd) Porch   | ( X )       |                |
| <input type="checkbox"/> Commercial Use             |                                     | with a Deck  | ( X )       |                |
|   |                                     | with (2nd) Deck  | ( X )       |                |
|   |                                     | with Attached Garage   | ( X )       |                |
| <input type="checkbox"/> Municipal Use              | <input type="checkbox"/>            | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )       |                |
|   | <input type="checkbox"/>            | Mobile Home (manufactured date) _____  | ( X )       |                |
|   | <input type="checkbox"/>            | Addition/Alteration (explain) _____  | ( X )       |                |
|   | <input checked="" type="checkbox"/> | Accessory Building (explain) 12x24 UTILITY SHED w/ 4'x12' PORCH  | ( 12 X 24 ) | 288            |
|   | <input type="checkbox"/>            | Accessory Building Addition/Alteration (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Special Use: (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Conditional Use: (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Other: (explain) _____   | ( X )       |                |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Stephen A Strom  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 6/9/20

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: \_\_\_\_\_

Address to send permit: 9970 EAGLE LK RD IRON RIVER WI 54847

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

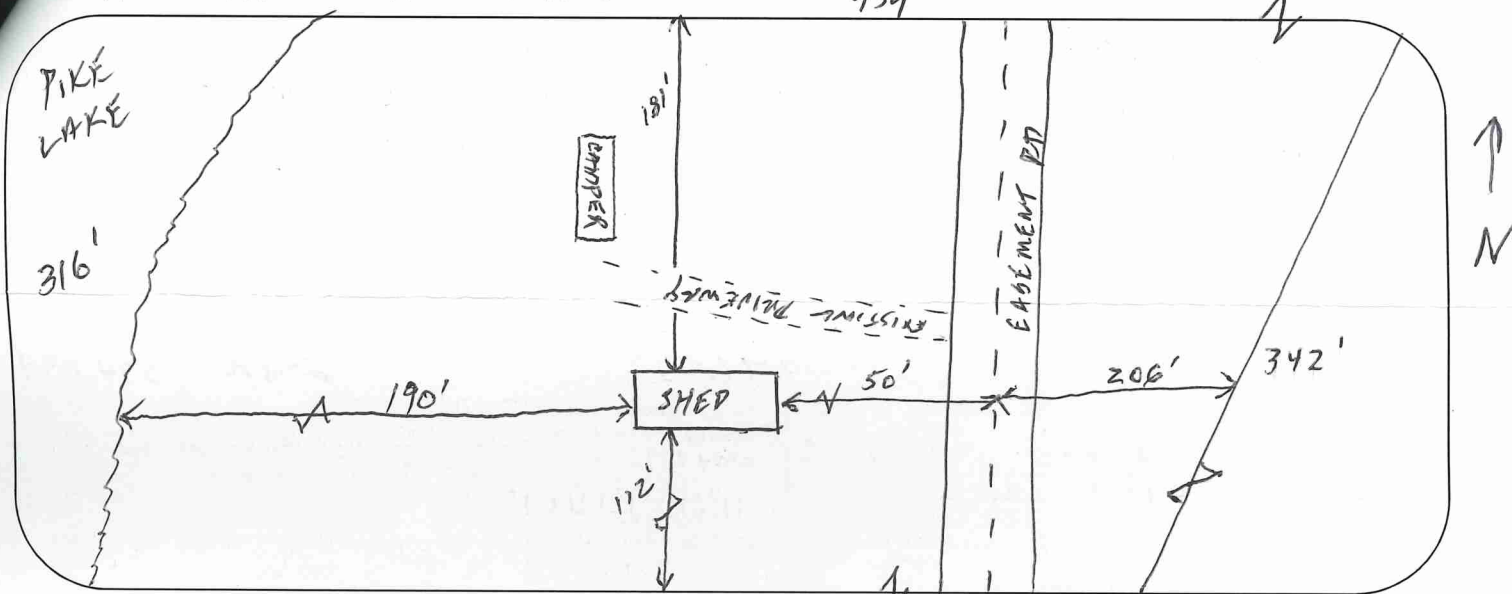
Original Application MUST be submitted



Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

- 1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

| Description                                 | Setback Measurements | Description                                      | Setback Measurements                                     |
|---|----------------------|--|--|
| Setback from the Centerline of Platted Road | 60 50 Feet           | Setback from the Lake (ordinary high-water mark) | 190 Feet   |
| Setback from the Established Right-of-Way   | Feet                 | Setback from the River, Stream, Creek            | Feet   |
|   |                      | Setback from the Bank or Bluff                   | Feet   |
| Setback from the North Lot Line             | 181 Feet             |  |  |
| Setback from the South Lot Line             | 112 Feet             | Setback from Wetland                             | Feet   |
| Setback from the West Lot Line              | 190 Feet             | 20% Slope Area on the property                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line              | 256 Feet             | Elevation of Floodplain                          | Feet   |
|   |                      |  |  |
| Setback to Septic Tank or Holding Tank      | 80 Feet              | Setback to Well                                  | Feet   |
| Setback to Drain Field                      | 90 Feet              |  |  |
| Setback to Privy (Portable, Composting)     | Feet                 |  |  |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

|   |   |   |   |   |
|---|---|---|---|---|
| Issuance Information (County Use Only)  |   | Sanitary Number: 20-475   | # of bedrooms: 2  | Sanitary Date: 6-3-20   |
| Permit Denied (Date):   |   | Reason for Denial:  |   |   |
| Permit #: 20-0188   |   | Permit Date: 7-28-20  |   |   |
| Is Parcel a Sub-Standard Lot  | <input type="checkbox"/> Yes (Deed of Record)                       | <input type="checkbox"/> No   | Mitigation Required   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership   | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s))              | <input type="checkbox"/> No   | Mitigation Attached   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   | Affidavit Required  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.)  |   | Previously Granted by Variance (B.O.A.)                                     |   |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: |   |   |
| Was Parcel Legally Created  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Was Proposed Building Site Delineated   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Inspection Record: Shed on-site when current owner bought property. Appears code compliant. RV connected to septic system.  |   | Zoning District (R1) Lakes Classification (3)                               |   |   |
| Date of Inspection: 6-17-20   | Inspected by: Todd Norwood  | Date of Re-Inspection:  |   |   |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)                                  |   |   |   |   |
| Structure not for human habitation/sleeping purposes. No pressurized water or plumbing allowed inside structure without an approved connection to POWTS. Must meet and maintain setbacks. |   |   |   |   |
| Signature of Inspector: Todd Norwood  |   | Date of Approval: 7-24-20   |   |   |
| Hold For Sanitary: <input type="checkbox"/>   | Hold For TBA: <input type="checkbox"/>                              | Hold For Affidavit: <input type="checkbox"/>                                | Hold For Fees: <input type="checkbox"/>                             | <input type="checkbox"/>  |



City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **20-47S**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **20-0188** Issued To: **Stephen & Jane Strom**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **21** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot Lot **1** Block Subdivision CSM# **2012**

For: **Residential Principal Structure: [ 1- Story; Utility Shed (12' x 24') = 288 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** Structure shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

**July 28, 2020**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



|              |                     |
|--------------|---------------------|
| Permit #:    | 20-0187             |
| Date:        | 7-28-20             |
| Amount Paid: | \$434.70<br>6-15-20 |
| Refund:      |                     |

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted  
Bayfield Co. Zoning Dept

FILL OUT IN INK (NO PENCIL)

|   |  |  |  |  |  |  |  |   |  |                                      |  |   |  |                                |  |
|---|--|--|--|--|--|--|--|---|--|--------------------------------------|--|---|--|--------------------------------|--|
| TYPE OF PERMIT REQUESTED →  |  | <input checked="" type="checkbox"/> LAND USE |  | <input type="checkbox"/> SANITARY      |  | <input type="checkbox"/> PRIVY                         |  | <input type="checkbox"/> CONDITIONAL USE  |  | <input type="checkbox"/> SPECIAL USE |  | <input type="checkbox"/> B.O.A.   |  | <input type="checkbox"/> OTHER |  |
| Owner's Name:<br>Nancy Nielcen  |  |  |  | Mailing Address:<br>P.O. Box 104       |  |  |  | City/State/Zip:<br>Iron River, WI 54847   |  |                                      |  | Telephone:<br>715-813-7130  |  |                                |  |
| Address of Property:<br>County Hwy A  |  |  |  | City/State/Zip:<br>Iron River WI 54847 |  |  |  |   |  |                                      |  | Cell Phone:   |  |                                |  |
| Contractor:<br>Scott Nielcen  |  |  |  | Contractor Phone:<br>715-292-1912      |  |  |  | Plumber:<br>Rasmussen 715-  |  |                                      |  | Plumber Phone:<br>715-798-3355  |  |                                |  |
| Authorized Agent: (Person Signing Application on behalf of Owner(s))<br>Scott Nielcen |  |  |  | Agent Phone:<br>715-292-1912           |  |  |  | Agent Mailing Address (include City/State/Zip):<br>PO Box 503<br>Iron River, WI 54847 |  |                                      |  | Written Authorization Attached<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                |  |
| PROJECT LOCATION  |  | Legal Description: (Use Tax Statement)       |  | Tax ID#<br>19898                       |  | Recorded Document: (Showing Ownership)<br>2020R 582628 |  |   |  |                                      |  |   |  |                                |  |
| SE 1/4, NW 1/4<br>N 550' x E 835'   |  | Gov't Lot                                    |  | Lot(s)                                 |  | CSM  |  | Vol & Page<br>560/2   |  | CSM Doc #                            |  | Lot(s) #  |  | Block #                        |  |
| Subdivision:  |  |  |  |  |  |  |  |   |  |                                      |  |   |  |                                |  |
| Section 30, Township 47 N, Range 8 W  |  |  |  | Town of:<br>Iron River                 |  |  |  | Lot Size<br>10.5  |  |                                      |  | Acreage<br>10.5   |  |                                |  |

|   |  |  |  |   |
|---|--|--|--|---|
| <input checked="" type="checkbox"/> Shoreland → | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain?<br>If yes---continue → | Distance Structure is from Shoreline: _____ feet | Is your Property in Floodplain Zone?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Are Wetlands Present?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
|   | <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage<br>If yes---continue →  | Distance Structure is from Shoreline: 175 feet   |  |   |
| <input type="checkbox"/> Non-Shoreland          |  |  |  |   |

|  |  |   |  |                                       |   |  |
|--|--|---|--|---------------------------------------|---|--|
| Value at Time of Completion<br>* include donated time & material | Project  | Project # of Stories                        | Project Foundation                       | Total # of bedrooms on property       | What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?      | Type of Water on property                |
| \$140,000  | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Basement        | <input type="checkbox"/> 1            | <input type="checkbox"/> Municipal/City   | <input type="checkbox"/> City            |
|  | <input type="checkbox"/> Addition/Alteration         | <input type="checkbox"/> 1-Story + Loft     | <input type="checkbox"/> Foundation      | <input checked="" type="checkbox"/> 2 | <input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>Conventional</u>      | <input checked="" type="checkbox"/> Well |
|  | <input type="checkbox"/> Conversion                  | <input type="checkbox"/> 2-Story            | <input checked="" type="checkbox"/> Slab | <input type="checkbox"/> 3            | <input type="checkbox"/> Sanitary (Exists) Specify Type:                                  | <input type="checkbox"/>                 |
|  | <input type="checkbox"/> Relocate (existing bldg)    | <input type="checkbox"/>                    | <input type="checkbox"/>                 | <input type="checkbox"/>              | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/>                 |
|  | <input type="checkbox"/> Run a Business on Property  | <input type="checkbox"/>                    | <input type="checkbox"/> Use             | <input type="checkbox"/> None         | <input type="checkbox"/> Portable (w/service contract)                                    | <input type="checkbox"/>                 |
|  | <input type="checkbox"/>                             | <input type="checkbox"/>                    | <input type="checkbox"/> Year Round      |                                       | <input type="checkbox"/> Compost Toilet   |  |
|  | <input type="checkbox"/>                             | <input type="checkbox"/>                    | <input type="checkbox"/>                 |                                       | <input type="checkbox"/> None   |  |

|  |            |           |            |
|--|------------|-----------|------------|
| Existing Structure: (if addition, alteration or business is being applied for) | Length:    | Width:    | Height:    |
| Proposed Construction: (overall dimensions)                                    | Length: 40 | Width: 64 | Height: 22 |

|   |                                     |  |             |                |
|---|-------------------------------------|--|-------------|----------------|
| Proposed Use  | ✓                                   | Proposed Structure   | Dimensions  | Square Footage |
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/>            | Principal Structure (first structure on property)  | ( X )       |                |
|   | <input checked="" type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) (less an area →)   | ( 40 X 36 ) | 1248           |
|   |                                     | with Loft  | ( X )       |                |
|   |                                     | with a Porch   | ( X )       |                |
|   |                                     | with (2nd) Porch   | ( X )       |                |
|   |                                     | with a Deck  | ( X )       |                |
| <input type="checkbox"/> Commercial Use             |                                     | with (2nd) Deck  | ( X )       |                |
|   |                                     | with Attached Garage   | ( 28 X 24 ) | 672            |
| <input type="checkbox"/> Municipal Use              | <input type="checkbox"/>            | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )       |                |
|   | <input type="checkbox"/>            | Mobile Home (manufactured date) _____  | ( X )       |                |
|   | <input type="checkbox"/>            | Addition/Alteration (explain) _____  | ( X )       |                |
|   | <input type="checkbox"/>            | Accessory Building (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Accessory Building Addition/Alteration (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Special Use: (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Conditional Use: (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Other: (explain) _____   | ( X )       |                |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Nancy Nielcen  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 7/17/20

Authorized Agent: [Signature]  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: 7/17/20

Address to send permit: PO Box 503 Iron River WI 54847

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

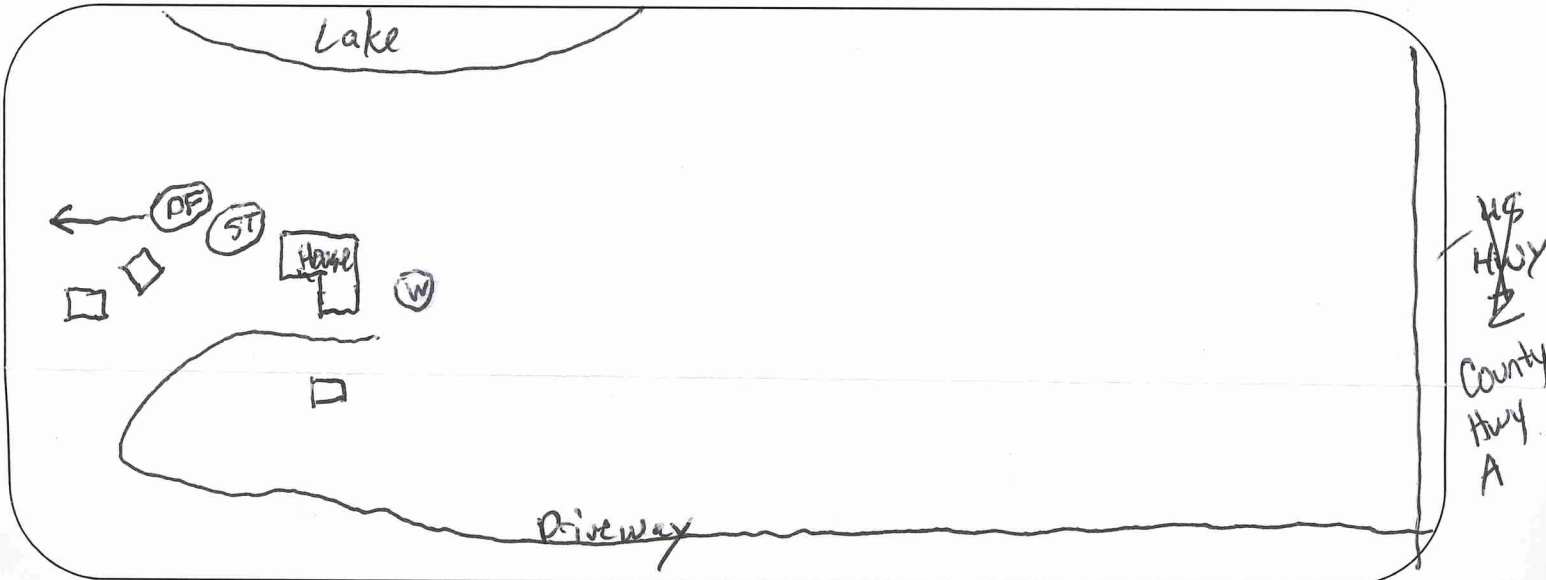
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Box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N)** on Plot Plan
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road** (Name Frontage Road)
- (4) Show: **All Existing Structures** on your Property
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

| Description  | Setback Measurements | Description   | Setback Measurements                                     |
|--|----------------------|---|--|
| Setback from the <b>Centerline of Platted Road</b> | 2640 Feet            | Setback from the <b>Lake</b> (ordinary high-water mark) | 175 Feet   |
| Setback from the <b>Established Right-of-Way</b>   | Feet                 | Setback from the <b>River, Stream, Creek</b>            | Feet   |
|  |                      | Setback from the <b>Bank or Bluff</b>                   | Feet   |
| Setback from the <b>North Lot Line</b>             | 500 Feet             |   |  |
| Setback from the <b>South Lot Line</b>             | 500 Feet             | Setback from <b>Wetland</b>                             | Feet   |
| Setback from the <b>West Lot Line</b>              | 500 Feet             | <b>20% Slope Area on the property</b>                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the <b>East Lot Line</b>              | 500 Feet             | <b>Elevation of Floodplain</b>                          | Feet   |
|  |                      |   |  |
| Setback to <b>Septic Tank or Holding Tank</b>      | 25 Feet              | Setback to <b>Well</b>                                  | 30 Feet  |
| Setback to <b>Drain Field</b>                      | 50 Feet              |   |  |
| Setback to <b>Privy</b> (Portable, Composting)     | Feet                 |   |  |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For the Construction Of New One & Two Family Dwelling: **ALL** Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

|   |   |   |   |   |
|---|---|---|---|---|
| <b>Issuance Information (County Use Only)</b>   |   | Sanitary Number: <b>20-1055</b>                                     | # of bedrooms: <b>2</b>   | Sanitary Date: <b>7-16-20</b>                                       |
| Permit Denied (Date):   |   | Reason for Denial:  |   |   |
| Permit #: <b>20-0187</b>  |   | Permit Date: <b>7-28-20</b>   |   |   |
| Is Parcel a Sub-Standard Lot  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is Parcel in Common Ownership                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is Structure Non-Conforming   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel a Sub-Standard Lot  |   | Mitigation Required   |   | Affidavit Required  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership   |   | Mitigation Attached   |   | Affidavit Attached  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.)  |   | Previously Granted by Variance (B.O.A.)                             |   |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |   |
| Case #:   |   | Case #:   |   |   |
| Was Parcel Legally Created  |   | Were Property Lines Represented by Owner                            |   |   |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |   |
| Was Proposed Building Site Delineated   |   | Was Property Surveyed   |   |   |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |   |
| Inspection Record: <b>owner on-site and project site staked. Appears code compliant. Inspected prior to application but had talked to contractor.</b>                           |   |   |   | Zoning District ( <b>R1</b> )                                       |
|   |   |   |   | Lakes Classification ( <b>3</b> )                                   |
| Date of Inspection: <b>7-8-20</b>   |   | Inspected by: <b>Todd Norwood</b>                                   |   | Date of Re-Inspection:  |
| Condition(s): <b>Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.)</b>      |   |   |   |   |
| <b>A Uniform Dwelling Code (UDC) permit must be obtained from the locally contracted UDC inspection agency prior to start of construction. Must meet and maintain setbacks.</b> |   |   |   |   |
| Signature of Inspector: <b>Todd Norwood</b>   |   |   |   | Date of Approval: <b>7-24-20</b>                                    |
| Hold For Sanitary: <input type="checkbox"/>   | Hold For TBA: <input type="checkbox"/>                              | Hold For Affidavit: <input type="checkbox"/>                        | Hold For Fees: <input type="checkbox"/>                             | <input type="checkbox"/>  |



City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **20-105S**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **20-0187** Issued To: **Nancy Nielcen**

**N 550' OF E 835' OF SE NW & PAR IN**

Location: **SW** ¼ of **NW** ¼ Section **30** Township **47** N. Range **8** W. Town of **Iron River**

| Gov't Lot | Lot | Block | Subdivision | CSM# |
|-----------|-----|-------|-------------|------|
|-----------|-----|-------|-------------|------|

For: **Residential Use: [ 1- Story; Residence (40' x 36') = 1,248 sq. ft.; Attached Garage (28' x 24') = 672 sq. ft.; ]**  
**Total Overall = 1,920 sq. ft.**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

**July 28, 2020**

Date